

Frequently asked questions about provider directory updates

The 2021 Consolidated Appropriations Act (CAA) includes several healthcare provisions aimed at increasing healthcare transparency. One of these provisions requires that health plans maintain an accurate and up-to-date directory of their in-network providers and facilities, and to make that directory accessible to members and customers.

Blue Shield of California (Blue Shield) has created the following answers to questions we anticipate you may have as we work together to comply with this CAA mandate. These answers also apply to Blue Shield of California Promise Health Plan (Blue Shield Promise) participants.

Additional resources:

- For instructions on how to update and attest to your directory information and a blank *Provider Data Validation Spreadsheet* see [Provider data management](#) in the Education section of the blueshield.com/provider website – no log in required.

1. What are health plans required to do to comply with the CAA provider directory requirements?

Health plans such as Blue Shield are required to establish:

- A verification process to confirm provider directory information at least every 90 days
- A directory suppression process for non-responsive providers
- A process for updating the provider directory within two business days of receiving new demographic information from a provider
- A protocol for responding to member network questions within one business day and retaining communications for at least two years

2. What are healthcare providers and facilities being asked to do to comply with the CAA provider directory requirements?

Providers and facilities are required to confirm or attest to their directory information at least every 90 days and submit timely updates should demographic information change. Per the provision, non-responsive providers/facilities may eventually be suppressed from the directory until they confirm their information.

3. Does the CAA mandate replace California Senate Bill 137 (SB 137)? Does it apply to all lines of business?

The CAA has more stringent requirements than SB 137 in some areas (for example, the legal obligation to verify directory data every 90 days). Because plans and providers will be expected to comply with all state and federal regulations, we are consolidating our processes to be compliant with all of them, across all lines of business.

4. How is Blue Shield helping providers maintain their information in its provider directory?

We have enhanced our [Provider Connection](#) online tools to support the process of updating provider information. We automated the process to make it faster, easier, and less susceptible to error.

For instructions on how to update and attest to your directory information see [Provider data management](#) in the Education section of the blueshield.com/provider website – no log in required.

5. How does the new verification process differ from what was done to comply with SB 137?

Formerly, the verification process varied according to provider type, and was done using email and other manual processes. Going forward, to comply with the CAA mandate, all providers will be asked to validate, update if necessary, and attest to their directory information online every 90 days, regardless of provider type.

There are two ways to update data:

- 1) Make single updates directly on Provider Connection in the *Provider and practitioner profiles* section.
- 2) Download your data via a *Provider Data Validation Spreadsheet* and upload revisions to the site in bulk.

For detailed instructions, see [Provider data management](#) in the Education section of the blueshield.com/provider website – no log in required.

Alternate methods of attestation may also be allowed during a limited transition period. However, now that you can download your information from Provider Connection, we will no longer send pre-populated spreadsheets to you via fax or email.

6. Will you reject my provider directory attestation/updates if I submit by email?

For a limited time, Blue Shield will still accept attestation/updates submitted on the *Provider Data Validation Spreadsheet* via the Provider Information and Enrollment standard intake email. However, processing time and accuracy may be compromised as we must manually address these submissions. To comply with federally required turnaround times and provide you with the best service possible, attesting and updating via Provider Connection is preferred.

7. How can I set up my organization to use Provider Connection?

If your organization is not currently set up to use Provider Connection, please identify an account manager for your organization and have them [register an account](#). Once the account is established, the account manager can issue usernames and passwords for others in your organization. Note that most organizations can have at least two account managers.

8. How can I tell if my organization has an existing account on Provider Connection?

If you are unable to determine internally if your organization has a registered Provider Connection account, contact Provider Services at (800) 541-6652. There isn't a specific menu selection for Provider Connection, so feel free to choose any option. For security purposes, you will be asked to provide information about two different claims submitted within the last 90 days. If your organization does not have an existing account, consider registering and becoming the account manager for your organization.

9. How do I locate the name of my Account Manager?

If you already have a user profile, click the round “badge” that contains your initials. It is located at the right of the main navigation. Scroll to the *My account manager* section to see the name and contact information of your Account Manager.

If you do not have a user profile, please call Provider Services at (800) 541-6652. For security purposes, you will be asked to provide information about two different claims submitted within the last 90 days.

10. What information or documentation is needed to establish a Provider Connection account?

Please refer to the [Provider Connection Reference Guide](#) or the [Blue Shield Promise Provider Connection Reference Guide](#) to see what is needed to register for your specific account type.

11. What if my organization has requested to be suppressed from the directory? Are we expected to attest? Can we still request to be suppressed?

Per legal guidance, all providers with a contracted relationship with Blue Shield will be required to display their information in our online directory moving forward. No providers will be excluded from our directory unless they have failed to verify their information in a timely manner. Regardless of what is shown in our directory, keeping current and accurate data on record will enable higher accuracy of claims and actuary processes.

12. When will my organization be expected to verify our information for the directory?

You will be asked to attest to the accuracy of your directory information every 90 days on a rolling basis. Each attestation you make resets your automated 90-day schedule.

13. In the case of provider groups, is attestation needed for each individual provider linked to the group, or can a group administrator attest one time for all providers in the group?

Attestation is made at the contracted entity level. A group administrator can attest to the accuracy of the information about all the providers in their group at the same time.

Practitioners who are not affiliated with a group and have their own contractual agreement will need to attest to their information separately.

14. Will my organization’s information really be suppressed from the *Find a Doctor* provider directory if we don’t attest?

As a participant in the Blue Shield of California or Blue Shield of California Promise Health Plan network, you must verify your directory information at a minimum of every 90 calendar days to meet both state and federal requirements. If we do not receive a response from you after multiple reminders, we must therefore uphold the requirement to remove your information from the directory.

15. Can I still treat plan members if my provider directory information is suppressed?

If your information is suppressed from our *Find a Doctor* provider directory, you will still be able to serve plan members. However, it will be more difficult for new patients to select you as a provider.

16. How do I get my organization's information reinstated in the directory?

[To reinstate your information in our directory, log in to Provider Connection](#) to view your provider directory data, submit updates if necessary, and attest to the accuracy of your information.

17. Will I receive any warnings that my information is going to be suppressed?

We will send the following notifications to all providers in our networks:

- First notification at 90 days
- Second notification 43 days later
- Third notification 64 days later
- Final notification 78 days later

If our systems show that our emails failed, we will resend the notifications by fax. If the faxes fail, we will resend the notifications by postal mail.

If none of these notifications reach you, we recommend the following:

- 1) Check your spam folder in your email inbox or review your recently received faxes.
- 2) Update your contact details in Provider Connection.
- 3) Designate additional users to receive notifications and attest to your information.

18. Can I designate additional people to update and attest? When might this be a good idea?

Yes, account managers can give additional users the ability to update their organization's provider directory information and attest to its accuracy. For instructions on how to do this, see [Provider data management](#) in the Education section of the blueshield.com/provider website.

Having additional users who can update and attest helps make sure your organization remains in compliance and does not have its information suppressed. These additional users can make updates and attest when the usual person responsible for maintaining your provider directory information is on leave or busy with other tasks.

19. How often can I update my organization's information?

You can update your information as often as you need to.

20. I am a Medi-Cal provider and am exempt from the CAA provider directory requirements. Why am I being asked to verify my information every 90 days?

Because Blue Shield Promise needs to manage compliance with both SB 137 and the CAA mandates across multiple provider types, we have consolidated our provider directory verification processes. For your convenience, you can comply with SB 137 using the new online capabilities or using the SFTP process you followed previously.

If you are also a provider for other plan types, please be advised that for those plans you should still use Provider Connection to update information and attest.

21. It is taking a long time for me to download my pre-populated spreadsheet. Can you provide me with a blank spreadsheet to fill out?

Yes, to download a blank *Provider Data Validation Spreadsheet* see [Provider data management](#) in the Education section of the blueshield.com/provider website – no log in required. Alternatively, if you have successfully downloaded a pre-populated spreadsheet in the past, you can also use that as a template.

22. Can I upload or email you my organization's information using my own spreadsheet format?

Our automated system can only process directory information that is submitted using our specific *Provider Data Validation Spreadsheet*. We recommend downloading a pre-populated spreadsheet or using our blank spreadsheet template instead to submit updated provider directory information.

23. Why did I receive a notification that my upload failed? What should I do?

Spreadsheet uploads may fail for a variety of reasons, such as invalid or incomplete data, invalid data combinations, or contract-related issues. Please review your submission for errors and resubmit. If you receive another failure notification, please contact the Provider Information and Enrollment team at (800) 258-3091, from 6 a.m. to 6:30 p.m., Monday through Friday.

24. Whom should I contact if I have questions or concerns about the provider directory information Blue Shield shares about my organization?

To discuss the information shared about your organization in the Blue Shield [Find a Doctor](#) online directory, please contact the Provider Information and Enrollment team at (800) 258-3091, from 6 a.m. to 6:30 p.m., Monday through Friday.

25. Whom should I contact if I need technical help using Provider Connection?

To request technical help, please [contact technical support online](#) or call Provider Customer Services at (800) 541-6652 from 6 a.m. to 6:30 p.m., Monday through Friday. Live online chat service is also available.